



**LIVING WAGE
SUBCONTRACTOR
AND CONTRACTOR INFORMATION**



Name of Prime Contractor: Contract No./PO No:

Company Address:

City/Town:

Telephone Number: Fax:

Awarding Agency/ Procurement Contact:

A contractor is required to provide to the Commissioner of Labor and Industry, Living Wage Unit, a list of Subcontractors working under this contract, on the day that work commences. Attach additional sheets as necessary.

Number of Sub-Contractors working on this contract, if applicable:

Sub-Contractor: <input type="text"/>	Phone Number: <input type="text"/>
Address: <input type="text"/>	City/Town: <input type="text"/>
State & Zip Code: <input type="text"/>	

Employee's Name: <input type="text"/>	Date of Hire: <input type="text"/>
Weekly Work Hours: <input type="text"/>	Employee Pay Rate per hour: \$ <input type="text"/>
What was the hourly rate prior to the application of the Living Wage Law? : \$ <input type="text"/>	

Sub-Contractor: <input type="text"/>	Phone Number: <input type="text"/>
Address: <input type="text"/>	City/Town: <input type="text"/>
State & Zip Code: <input type="text"/>	

Employee's Name: <input type="text"/>	Date of Hire: <input type="text"/>
Weekly Work Hours: <input type="text"/>	Employee Pay Rate per hour: \$ <input type="text"/>
What was the hourly rate prior to the application of the Living Wage Law? : \$ <input type="text"/>	

Sub-Contractor:		Phone Number:	
Address:		City/Town:	
State & Zip Code:			

Employee's Name:		Date of Hire:	
Weekly Work Hours:		Employee Pay Rate per hour: \$	
What was the hourly rate prior to the application of the Living Wage Law? : \$			

Sub-Contractor:		Phone Number:	
Address:		City/Town:	
State & Zip Code:			

Employee's Name:		Date of Hire:	
Weekly Work Hours:		Employee Pay Rate per hour: \$	
What was the hourly rate prior to the application of the Living Wage Law? : \$			

I understand that the employee information provided will be used by the Commissioner of Labor and Industry, Living Wage Unit, for the purpose of monitoring compliance with the Living Wage Law.

Person completing this form:

Print/Type Name

Signature

Title or position

Date

Telephone Number:

**Department of Labor, Licensing and Regulation
Division of Labor and Industry
Living Wage Unit**

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